

**Iowa Department of Human Services  
NOTICE OF WITHDRAWAL REQUEST (252H)**

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court Order #: \_\_\_\_\_

County: \_\_\_\_\_

Obligee: \_\_\_\_\_

Obligor: \_\_\_\_\_

Third Party: \_\_\_\_\_

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An earlier notice advised you of the Child Support Recovery Unit's (CSRU) intent to review the court order listed above for possible adjustment. This action was taken based on a request by another person subject to the order. That person has now contacted our office to withdraw the request.

You may agree to end the review process, or ask to have the process continue.

- If you want the review process to end, you may do nothing or you may complete and send the enclosed form 470-3257 (Request to Continue Review) to the office listed above within 10 days from the date of this notice. CSRU will send a notice to all persons subject to the court order advising that the review has ended.

**NOTICE:** If a review is ended at the written request of all persons subject to the order, CSRU may deny any request to review the order made by any of those persons during the next two years. If you do nothing, you will not be barred from requesting future reviews.

- If you want the review process to continue, submit form 470-3257. On the form mark the statement indicating that you want the review to continue. We will continue with the review as if you had made the original request for review. Unless you are on public assistance, you may be required to pay costs associated with the review and adjustment process.
- We will send a notice to all persons subject to the order stating the results of the review and whether or not CSRU will adjust the support order.

If you have questions about this notice or the review and adjustment process, please contact the office listed on the first page of this notice.

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**POLICY ON NONDISCRIMINATION**

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (IDHS) by completing a Discrimination Complaint form. Any IDHS office, institution, or the IDHS Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services  
Diversity Programs Unit 1<sup>st</sup> Fl  
1305 E Walnut  
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION  
211 E Maple St 2nd Fl  
Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND HUMAN  
SERVICES  
Office for Civil Rights Region VII  
Federal Bldg Rm 248  
601 E 12th St  
Kansas City MO 64106-2808

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NOTICE OF WITHDRAWAL REQUEST (252H) (PAGE 2)

Sent to:

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